

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 08, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N99000003703**

1. Entity Name

**VIRGIL AND MARJORY BUMGARNER FOUNDATION FOR  
THE VISUALLY IMPAIRED, INC.**



Principal Place of Business

**611 DRUID ROAD EAST SUITE 717  
CLEARWATER, FL 33756**

Mailing Address

**611 DRUID ROAD EAST SUITE 717  
CLEARWATER, FL 33756**



01262006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3614475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SZABO, BRUCE  
611 DRUID ROAD EAST SUITE 717  
CLEARWATER, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	REYNOLDS, EUGENE S MD
STREET ADDRESS	1551 WEST BAY DRIVE
CITY-ST-ZIP	LARGO, FL 33770
TITLE	TD
NAME	CARROLL, BETH
STREET ADDRESS	950 PINE HILL RD
CITY-ST-ZIP	PALM HARBOR, FL 34682
TITLE	T
NAME	SZABO, BRUCE
STREET ADDRESS	611 DRUID ROAD EAST SUITE 717
CITY-ST-ZIP	CLEARWATER, FL 33756

000000425000  
02/18/06-80077-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-2-06**